

**COMBINED DECLARATION  
AND POWER OF ATTORNEY**

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMMUNICATING DEVICE**

This declaration is of the following type:

- ☐ Original
- ☐ Design
- ☒ national stage of PCT.
- ☐ Divisional
- ☐ Continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: (complete (a), (b), or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on February 28, 2005; serial no. 10/526,148.
- (c) ☐ was described and claimed in PCT International Application No. filed on and was amended on (if applicable).

**Acknowledgement of Review of Papers and Duty of Candor**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

**Priority Claim**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
- (e) ☒ such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
GERMANY	102 39 820.9	29 AUGUST 2002		<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>
ALL FOREIGN APPLICATION[S], IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
WIPO	PCT/EP2003/009484	27 AUGUST 2003		<input type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>
				<input type="checkbox"/> YES NO <input type="checkbox"/>

**Claim for Benefit of Prior U.S. Provisional Application(s)**

I hereby claim the benefit under Title 35, United States Code, ' 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

**Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120**  
(complete this part only if this is a divisional, continuation or C-I-P application)

(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

**Power of Attorney**

As a named inventor, I hereby appoint the practitioners at Customer Number 21003 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10012, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO: BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 CUSTOMER NUMBER 21003	DIRECT TELEPHONE CALLS TO: BAKER BOTTS L.L.P. (212) 408-2500
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR <b>120</b>	LAST NAME <b>SCHWEIGER</b>	FIRST NAME <b>HELMUT</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>ST. NIKOLAI IM SAUSAL</b>	STATE or FOREIGN COUNTRY <b>AUSTRIA</b> <i>ATX</i>	COUNTRY OF CITIZENSHIP <b>AUSTRIA</b>	
POST OFFICE ADDRESS <b>8505</b>	POST OFFICE ADDRESS <b>FLAMBERG 100</b>	CITY <b>ST. NIKOLAI IM SAUSAL</b>	STATE or COUNTRY <b>AUSTRIA</b>	ZIP CODE <b>8505</b>
DATE <b>August 10, 2005</b>	SIGNATURE OF INVENTOR <i>Kelmut Schweiger</i>			
FULL NAME OF SECOND INVENTOR <b>2</b>	LAST NAME <b>PIENZ</b>	FIRST NAME <b>ALWIN</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>SONTHOFEN</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b> <i>DE</i>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>ENTSCHEBURGWEG 10a</b>	CITY <b>SONTHOFEN</b>	STATE or COUNTRY <b>GERMANY</b>	ZIP CODE <b>87527</b>
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF THIRD INVENTOR <b>3</b>	LAST NAME <b>MULLER</b>	FIRST NAME <b>GERT</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>MOOSBACH</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b> <i>DE</i>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>ALPENBLICKSTR. 1</b>	CITY <b>MOOSBACH</b>	STATE or COUNTRY <b>GERMANY</b>	ZIP CODE <b>87477</b>
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH INVENTOR <b>4</b>	LAST NAME <b>SCHMANDRA</b>	FIRST NAME <b>ANGELO</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>SONTHOFEN</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b> <i>DE</i>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SOLE OR FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME <b>SCHWEIGER</b>	FIRST NAME <b>HELMUT</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>ST. NIKOLAI IM SAUSAL</b>	STATE or FOREIGN COUNTRY <b>AUSTRIA</b>	COUNTRY OF CITIZENSHIP <b>AUSTRIA</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>FLAMBERG 100</b>	CITY <b>ST. NIKOLAI IM SAUSAL</b>	STATE or COUNTRY <b>AUSTRIA</b>	ZIP CODE <b>8505</b>
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND INVENTOR	LAST NAME <b>PIENZ</b>	FIRST NAME <b>ALWIN</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>SONTHOFEN</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>ENTSCHEBURGWEG 10a</b>	CITY <b>SONTHOFEN</b>	STATE or COUNTRY <b>GERMANY</b>	ZIP CODE <b>87527</b>
DATE August 10, 2005	SIGNATURE OF INVENTOR <i>Alwin Pienz</i>			
FULL NAME OF THIRD INVENTOR	LAST NAME <b>MULLER</b>	FIRST NAME <b>GERT</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>MOOSBACH</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>ALPENBLICKSTR. 1</b>	CITY <b>MOOSBACH</b>	STATE or COUNTRY <b>GERMANY</b>	ZIP CODE <b>87477</b>
DATE August 10, 2005	SIGNATURE OF INVENTOR <i>Gert Muller</i>			
FULL NAME OF FOURTH INVENTOR	LAST NAME <b>SCHMANDRA</b>	FIRST NAME <b>ANGELO</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>Immenstadt</b>	STATE or FOREIGN COUNTRY <b>GERMANY</b>	COUNTRY OF CITIZENSHIP <b>GERMANY</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Am Platz 17</b>	CITY <b>Immenstadt</b>	STATE or COUNTRY <b>Germany</b>	ZIP CODE <b>87509</b>
DATE August 10, 2005	SIGNATURE OF INVENTOR <i>Angelo Schmandra</i>			
FULL NAME OF SOLE OR FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			